

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P9 3000003205**

1. Corporation Name

World Emblem International, Inc.

Principal Place of Business

Mailing Address

**1690 NE 134th Street
N. Miami, Florida 33161**

Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1500 NE 131st Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
1500 NE 131st Street
Suite, Apt. #, etc.

City & State
N. Miami, Florida
Zip
33161
Country
USA

City & State
N. Miami, Florida
Zip
33161
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-14-93

5. FEI Number

65-0381446

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Jerold Carr	1500 NE 131st Street	N. Miami, FL 33161
P	Randy Carr	1500 NE 131st Street	N. Miami, FL 33161
S/T	Jamie Carr	1500 NE 131st Street	N. Miami, FL 33161

500002331145--4
10/28/97 01022-005
******758.75 ****758.75**

8. Name and Address of Current Registered Agent

Jamie Carr
1690 NE 134th Street, Suite 155
N. Miami, Florida 33161

9. Name and Address of New Registered Agent

Name
Evan R. Marbin, Esq.
Street Address (P.O. Box Number is Not Acceptable)
48 East Flagler Street
Suite, Apt. #, Etc.
PH-104
City
Miami, Florida
State
FL
Zip Code
33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Evan R. Marbin

REGISTERED AGENT MUST SIGN

Date

10/23/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

X *Jerold Carr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

Date

Daytime Phone #

(305) 899 9006